

# RTO Student enrolment form

**OFFICE USE ONLY**  
RTO Student ID: \_\_\_\_\_

**Student Name:** .....

## Section 1 – Course information

Course details			
Course code:			
Course title:			
Mode of delivery:	<input type="checkbox"/> Face-to-face (classroom)	<input type="checkbox"/> Virtual class (online)	
Delivery location: <small>Physical address where the course is delivered from. Use RTO address for virtual class.</small>	Site:		
	Address:		
	Suburb:	Post code:	
Training dates:	Commencement:	Expected to finish:	
Is the course delivered under a Contract of Training (Apprenticeship or Traineeship)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Fees and payments	
Please indicate who will be responsible for the payment of fees in relation to the course:	
<input type="checkbox"/> Home school	<input type="checkbox"/> Employer <input type="checkbox"/> Apprenticeship Network Provider
<input type="checkbox"/> Student/parent/guardian (students primarily enrolled with the school-based RTO only)	
Summary of fees	
Tuition fees:	Administration fees:
Materials fees:	Other fees:
Security deposit (refundable):	Total fees:
Details for invoicing	
Contact person:	Phone number:
Organisation:	Address:
ABN:	Purchase order:
<p>All fees are refundable if the course is cancelled by the training provider before commencement.</p> <p>Where a course is cancelled after commencement, the training provider will retain only the percentage of the fees relative to the services already provided to students.</p> <p>All tuition fees will be refunded for a student who withdraws from the course within four (4) weeks of the commencement date.</p> <p>There will be no refunds for withdrawals after four (4) weeks of commencement.</p>	

## Section 2 - Student information

Student details			
Please use the same names used for your Unique Student Identifier (USI), where applicable, including middle names.			
Family name (surname):			
First given name:			
Second given name (middle):			
Single name only:	<input type="checkbox"/> Tick this box if you have one name only that cannot be written in the format above.		
Date of birth (dd/mm/yyyy):			
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		
Student USI (ten characters):			
Contact details:	Home phone:		
	Work phone:		
	Mobile phone*:		
	Email address*:		
	Alternative email address*:		
Address (physical address of usual residence, not post-office box nor temporary address you use for training, work, or other purposes before returning to your home):	Property name:		
	Unit number:	Street number:	
	Street name:		
	Suburb:	State:	Postcode:
	Postal address (if different from above):		
Postal address (if different from above):	Property name:		
	Unit number:	Street number:	
	Street name:		
	Suburb:	State:	Postcode:
	PO Box number:		
	Suburb:	State:	Postcode:
* At least one email address or mobile phone number must be provided.			

Residency
What is your residency status?
<input type="checkbox"/> Australian citizen
<input type="checkbox"/> Permanent resident
<input type="checkbox"/> New Zealand citizen living in South Australia
<input type="checkbox"/> VISA*, please specify:
* Please provide a coloured copy of your VISA with this application (if applicable).

Language and cultural diversity
In which country you were born?
<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify:
Do you speak a language other than English at home?
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other (please specify):
Are you of Aboriginal or Torres Strait Islander origin?
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

Disability		
Do you consider yourself to have a disability, impairment, or long-term conditions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list:		
<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual
<input type="checkbox"/> Learning	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Acquired brain impairment
<input type="checkbox"/> Vision	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Other

Schooling		
What is your highest COMPLETED school level?		
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended school
What year did you complete this level?		
Are you still enrolled in secondary or senior secondary education?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the following:		
<input type="checkbox"/> SACE Student	<input type="checkbox"/> FLO Student	<input type="checkbox"/> School-based Apprenticeship/Traineeship
School of enrolment:		Student SACE ID:

Previous qualifications achieved		
Have you SUCCESSFULLY completed any of the qualifications listed in the next question?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, select any applicable boxes:		
<input type="checkbox"/> Bachelor degree or higher degree	<input type="checkbox"/> Advanced diploma or associate degree	
<input type="checkbox"/> Diploma (or associate diploma)	<input type="checkbox"/> Certificate IV (or advanced certificate/technician)	
<input type="checkbox"/> Certificate III (or trade certificate)	<input type="checkbox"/> Certificate II	
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Other education (not listed above)	

Employment	
Of the following categories, which BEST describes your current employment status (select ONE option only)?	
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Part-time employee
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Self, employed – employing others
<input type="checkbox"/> Employed – unpaid worked in a family business	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Unemployed – seeking part-time work	<input type="checkbox"/> Not employed – not seeking employment

Study reason	
Of the following categories, select the one which BEST describes the main reason you are undertaking this course (select ONE option only)?	
<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> To get skills for community/voluntary work
<input type="checkbox"/> Other reasons	

Employment details			
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer name:			
Employer suburb:		Post Code:	

Medical and emergencies	
Do you have any known medical conditions which may require an immediate response?	
<input type="checkbox"/> Anaphylaxis / severe allergies	<input type="checkbox"/> Seizures / epilepsy
<input type="checkbox"/> Asthma	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Diabetes	
Emergency contact person:	
Emergency contact number:	
Relationship to you:	
For a student 18 years old or under, the emergency contact person must be a parent or legal guardian.	

Concession and benefits	
Are you a school card recipient?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you in receipt of a concession benefit?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Health care card	<input type="checkbox"/> Veteran's gold card
<input type="checkbox"/> Pensioner concession card	<input type="checkbox"/> Other, please specify:
If yes, what is the expiry date?	

How did you hear about us?		
Of the following categories, which best describes how you hear about this course (select ONE option only)?		
<input type="checkbox"/> Website	<input type="checkbox"/> TV	<input type="checkbox"/> Employer
<input type="checkbox"/> Social media	<input type="checkbox"/> Course guide	<input type="checkbox"/> Industry networks
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Expos/events	<input type="checkbox"/> Email
<input type="checkbox"/> Radio	<input type="checkbox"/> Flyers	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Other, please specify:		

Subsidised Training Places	
If you are an eligible student accessing Vocational Education and Training (VET) through a subsidised training place, you must provide the training provider with the following when submitting this form:	
1. A coloured copy of ONE of the below documents:	
<input type="checkbox"/>	Current driver's licence or learner's permit
<input type="checkbox"/>	Current proof of age card (issued by Service SA)
<input type="checkbox"/>	Current Australian passport in conjunction with evidence of residential address
<input type="checkbox"/>	Current school student card issued by your school in conjunction with evidence of residential address if it is not identified in the school card
2. And a copy of the following:	
<input type="checkbox"/>	A signed Participant Agreement Form*
<i>* Not required when the course is not subsidised by the Department for Innovation and Skills.</i>	

## Section 3 – Privacy notice

### Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. If personal information is not collected, we will not be able to enrol you in a VET course nor issue certification in relation to your training.

### How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

### How we disclose your personal information

We are required by law, under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act), to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

### How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

### Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

### Contact information

At any time, you may contact staff in the *RTO Office* to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

**Heather Thomas** *RTO/VET and Innovative Programs Senior Leader*

Phone: 8366 2869                      email: [rto@msc.sa.edu.au](mailto:rto@msc.sa.edu.au)

**Georgina Moore** *RTO/VET Administration*

Phone: 8366 2852                      email: [rto@msc.sa.edu.au](mailto:rto@msc.sa.edu.au)

## Section 4 – Student declaration

### Student declaration

By signing this Student Enrolment Form, I declare that I was given clear and accurate information in written or electronic form about:

- The Vocational Education and Training (VET) course, including:
  - Code, title, and currency of the training product
  - Course duration, delivery location(s) and mode(s) of delivery
  - Units of competency, study load and expectations for completion
  - Entry requirements and conditions for enrolling into the course
  - Requirements for attendance and self-directed learning
  - Work placement requirements and arrangements
  - Assessment and re-assessment conditions
  - Any third-party delivery arrangements
- My rights in the receipt of services from the training provider, including:
  - Support services available to me and how to access these services
  - Procedures for lodging a complaint or to appeal a training provider decision
  - Consumer rights, including in relation to any applicable fees and refunds
  - Protection from bullying, harassment, and discrimination
  - Privacy and release of personal information
  - Recognition of current competency procedures
  - Changes that may affect the services provided
- My obligations in the receipt of services from the training provider, including:
  - Following the training provider policies and procedures
  - Participating in scheduled classes and undertaking self-directed learning activities
  - Maintaining a standard of behaviour that is consistent with the school environment
  - Completing activities and assessment tasks within assigned timeframes
  - Participation in the Unique Student Identifier (USI) scheme

I understand that the training provider is responsible for the quality of the training and assessment provided to me, in compliance with the Standards for Registered Training Organisations 2015, and for the issuance of the Australian Qualifications Framework (AQF) certification documentation.

I also acknowledge and agree that:

- The personal information collected in this Student Enrolment Form may be disclosed by the training provider for statistical, administrative, regulatory and for research purposes, and to inform my school of primary enrolment. I consent to the collection, use and storage of my personal information.
- I have been informed by the training provider, in written or electronic form, of any potential impacts on future entitlement to government subsidised training in relation to undertaking this course.

I declare that I honestly and accurately provided all information and evidence for the purposes of enrolment and eligibility and agree to the conditions of access determined through the upfront assessment of need.

I understand that by completing this application I am not guaranteed a place in the described course, and that the course may be cancelled due to an insufficient number of students.

Student name:			
Student signature:		Date:	

**Parent / legal guardian declaration (if participant is under 18 years of age)**

I declare that I have read and understood the information provided in this Student Enrolment Form, including the information in the Privacy Notice and Student Declaration.

As a parent / legal guardian, I give permission for the student to participate in the course outlined above and agree to the terms and conditions of delivery specified by the training provider prior to enrolment.

I further acknowledge and agree that the personal information collected in this Student Enrolment Form may be disclosed by the training provider for statistical, administrative, regulatory and research purposes, and to inform the student's school of primary enrolment.

Parent / guardian name:			
Parent / guardian signature:		Date:	

**Section 5 – Office use only**
**ADMINISTRATION USE ONLY**

Payment of fees confirmed with listed organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	Date:	
Identification documents collected and verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	Date:	
Participant agreement form collected and verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	Date:	
Student data entered in Stela?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Date:	
Training profile on Skills and Employment Portal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	Date:	
Training account on Skills and Employment Portal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	Date:	
Training plan uploaded to ATLAS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	Date:	
Participant number:		School EDSAS ID:			
State Student ID (Stela):		Student SACE ID:			
Training Account No:		Training Contract No:			
Will the student be accessing any subsidised Learner Support Services (LSS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No				